

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2016
NAME OF PROVIDER OR SUPPLIER PARKER TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 3800 SHAMROCK DRIVE CHARLOTTE, NC 28215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on August 3, 2016. Records indicate that this facility was first licensed as a Home for the Aged on November 9, 1999. The facility is currently licensed for 53 beds (Located on the 2nd and 3rd floors of the Epworth building). Based on this information, we are requiring the facility to meet the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations", the applicable portions of the 2005 Rules for Adult Care Homes, and the 1996 w/ '99 rev Edition of the North Carolina State Building Code; Section 409 Institutional Occupancy - Group I. Deficiencies were noted which require a Plan of Correction.	C 000		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Based on observation, the building was not providing handrails in all corridors and some handrails may not support 250 pounds. This deficiency affects residents, staff and visitors who use unstable handrails by not providing increased safety, stability/balance, and maneuverability provided by these devices. Findings on August 3, 2016:	C 148	C 148 1. The building corridors will have handrails installed to support 250lbs in the following areas: a. Second floor lobby including the elevator lobby. b. Third floor lobby and elevator lobby Handrails will be installed by a qualified, licensed contractor by 11-1-16 2. The building corridor handrails were loose and maintenance staff have repaired handrails to ensure tightness and stability in the following areas: c. Corridor near bedroom C222 d. Corridor near bedroom C240 e. Corridor near bedroom C332 Repairs completed on 8-3-16 Monthly life safety checklist has been revised to include monitoring and inspection of all corridor handrails to ensure tightness and stability. The corridor handrails in the building will be checked for tightness and stability on a monthly basis during the Life Safety walk-through inspection by staff person by administrator, and subsequent work orders will be initiated as necessary. 8-4-16 Director of Environmental Services or their designee will conduct quarterly audits to ensure accuracy and effectiveness of the Parker Terrace Monthly Checklist, which includes properly monitoring and inspection of the tightness and stability of handrails in the building, to be monitored in quarterly QA meetings throughout 2016. 8-4-16	11-1-16 8-3-16 8-4-16 8-4-16

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Chief Operating Officer

9/15/2016

If continuation sheet 2 of 6

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C 166	Continued From page 2 reach gray water which was not equipped with a vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. Deficiency corrected before Construction Surveyors departed Site.	C 166			
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff and visitors by not identifying emergency equipment not in proper working order. Findings on August 3, 2016: a. Corridor across Second Floor Med Room - the last annual maintenance check of the portable fire extinguishers was last performed in May 2015.	C 183	C 183 1a. Fire extinguisher was fully inspected by a qualified and licensed contractor. 9-1-16 All fire extinguishers in the unit were inspected to ensure that all extinguishers were properly inspected. 9-1-16 Monthly life safety checklist has been revised to include monitoring and inspection of all fire extinguishers to ensure all extinguishers are properly inspected and fully operational with no defects. All the fire extinguishers will be monitored during the Parker Terrace Monthly Life Safety walk-through Inspection by staff person by administrator, and subsequent work orders will be initiated as necessary. 8-4-16 Director of Environmental Services or their designee will conduct quarterly audits to ensure accuracy and effectiveness of the Parker Terrace Life Safety Monthly Checklist, which includes properly monitoring and inspection of all fire extinguishers, to be monitored in quarterly QA meetings throughout 2016. 8-4-16	9-1-16 9-1-16 8-4-16 8-4-16	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and	C 189	C 189 1a. Bedroom C 211 Sprinkler head with lint was cleaned during inspection 8-3-16 1b. Bedroom Second Floor Med-Room - Sprinkler head with lint was cleaned during inspection 8-3-16 1c. Bedroom Second Floor Utility - Sprinkler head with lint was cleaned during inspection 8-3-16 2a. Second Floor Med Room - Gap is scheduled to be filled with approved fire blocking material to prevent the spread of fire and smoke by a qualified technician by 10-1-16.	8-3-16 10-1-16.	

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C 189	<p>Continued From page 3</p> <p>operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observations and record review, the Building was not maintained in a safe and operating condition. The fire sprinkler heads have become obstructed with debris. This could affect all residents, staff and visitors if the fire sprinkler heads' have their thermal elements insulated with debris causing a delay in the response to a fire. Findings on August 3, 2016:</p> <p>a. Bedroom C211 - there was a fire sprinkler head which was debris-loaded with lint. Deficiency corrected before Construction Surveyors departed Site.</p> <p>b. Second Floor Med Room - there was a fire sprinkler head which was debris-loaded with lint. Deficiency corrected before Construction Surveyors departed Site.</p> <p>c. Second Floor Utility - there was a fire sprinkler head which was debris-loaded with lint. Deficiency corrected before Construction Surveyors departed Site.</p> <p>2. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin</p> <p>Findings on August 3, 2016:</p> <p>a. Second Floor Med Room - there was a gap around a cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.</p> <p>b. Second Floor Med Room - there was an open ended sleeve with several cables not firestop as it</p>	C 189	<p>C189 (cont.)</p> <p>2b. Second Floor Med Room - The open ended sleeve will be sealed with approved fire blocking material to prevent the spread of fire and smoke by qualified technician. 10-1-16</p> <p>2c. Third Floor Med Room - The holes and gaps around the conduits and cables are scheduled to be fire stopped with approved fire blocking material by a qualified technician on 10-1-16</p> <p>3a. Bedroom C214 - The door stop was removed from the corridor door during inspection to allow the door to rapidly release with a push or pull of the door allowing a positive latch of the door. 8-3-16</p> <p>3b. Bedroom C340 - Over the door coatrack was removed during inspection allowing the door to properly seal and latch. 8-3-16</p> <p>Monthly life safety checklist has been revised to include inspection of door obstructions that prevent the rapid release of the door with a push or pull to close and latch. Non-obstructive door operation will be monitored on a monthly basis during the Life Safety walk-through Inspection by staff person by administrator, and necessary on the spot training of the unlock procedure will be initiated as necessary. 8-4-16</p> <p>Director of Environmental Services or their designee will conduct quarterly audits to ensure accuracy and effectiveness of the Parker Terrace Life Safety Monthly Checklist, which door obstructions., to be monitored in quarterly QA meetings throughout 2016. 8-4-16</p>	<p>10-1-16</p> <p>10-1-16</p> <p>8-3-16</p> <p>8-3-16</p> <p>8-4-16</p> <p>8-4-16</p>

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C 189	Continued From page 4 penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke. c. Third Floor Med Room - there were holes and gaps around conduits and cable not firestop as it penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke. 3. Based on Observation, the Building was not maintained in a safe condition. This could affect residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on August 3, 2016: a. Bedroom C214 - the corridor door had a wedge holding the door open, preventing the rapidly release of the door with a push or pull of the door, to close and latch. Deficiency corrected before Construction Surveyors departed Site. b. Bedroom C340 - the corridor door had an over the door coat rack, preventing the door from latching. Deficiency corrected before Construction Surveyors departed Site.	C 189			
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by:	C 191	C 191 1a. Mechanical Room near Bedroom C355 - The portable electric heater was removed and properly disposed. 8-4-16 Monthly life safety checklist has been revised to include inspection of all spaces in the unit for portable electric space heaters. Inspections will be performed on a monthly basis during the Life Safety walk-through Inspection by staff person by administrator, and subsequent work orders will be initiated as necessary. 8-4-16 Director of Environmental Services or their designee will conduct quarterly audits to ensure accuracy and effectiveness of the Parker Terrace Life Safety Monthly Checklist, which includes inspecting the unit for portable electric heaters, to be monitored in quarterly QA meetings throughout 2016. 8-4-16	8-4-16 8-4-16 8-4-16	

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C 191	Continued From page 5 1. Based on Observation, the facility failed to prevent the use of unvented fuel burning room heater(s) portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on August 3, 2016: a. Mech Room near Bedroom C355 - a prohibited portable space electric heater was found in this room,	C 191			